

HealthAngel.com

User Registration / Preferences

Name	<input type="text"/>	<input type="checkbox"/> Monday	<input type="checkbox"/> Lower Body Focus
Address	<input type="text"/>	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Upper Body Focus
City	<input type="text"/>	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Core Body Focus
State	<input type="text"/>	<input type="checkbox"/> 6:00 A. M.	<input type="checkbox"/> Total Body Focus
Zip	<input type="text"/>	<input type="checkbox"/> 11:00 A. M.	<input type="checkbox"/> Arm Injuries
Telephone - Evening	<input type="text"/>	<input type="checkbox"/> 3:00 P. M.	<input type="checkbox"/> Leg Injury
Telephone - Day	<input type="text"/>	<input type="checkbox"/> 6:00 P. M.	<input type="checkbox"/> Back Injuries
e-Mail	<input type="text"/>		

Figure 1

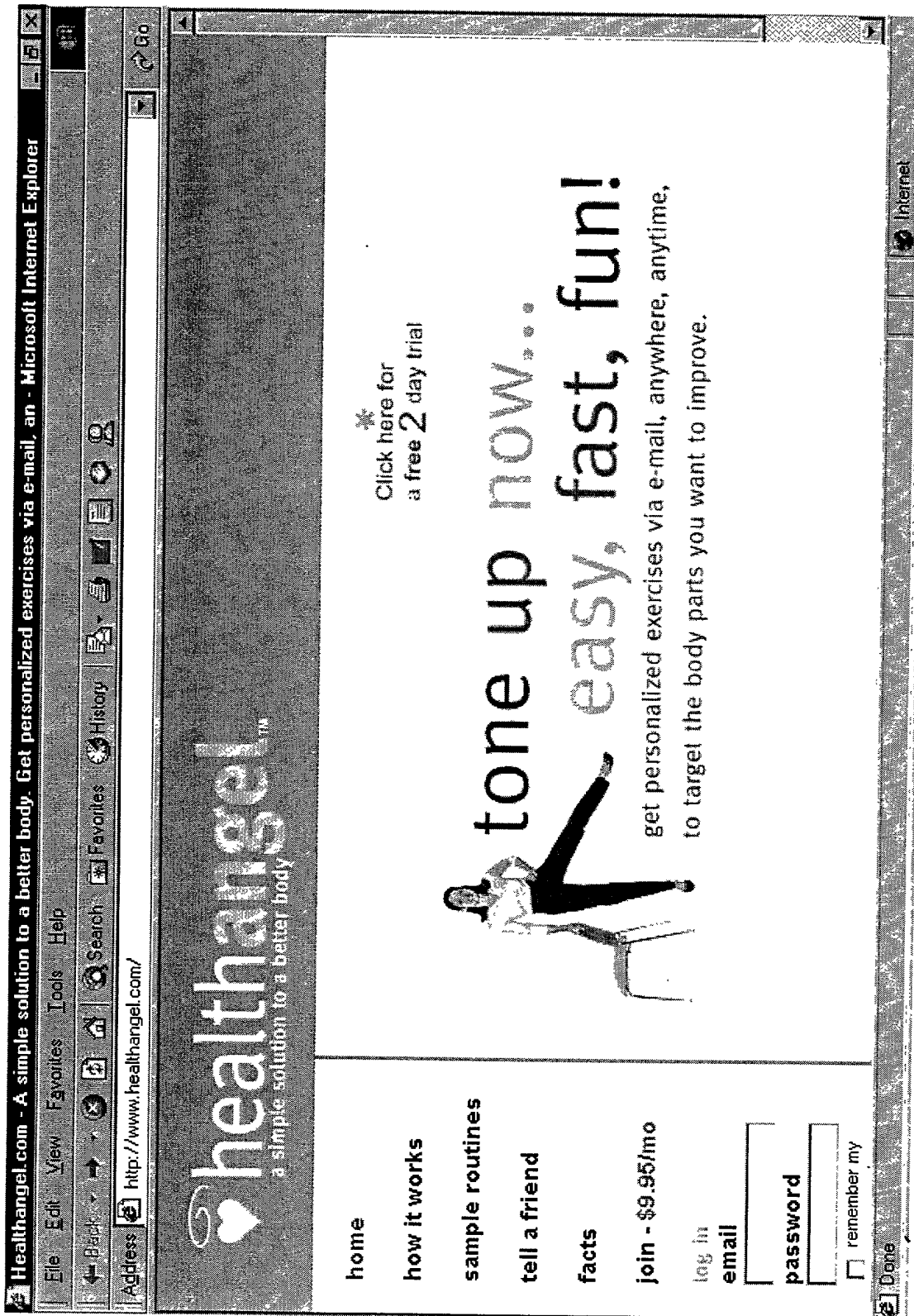


Figure 2

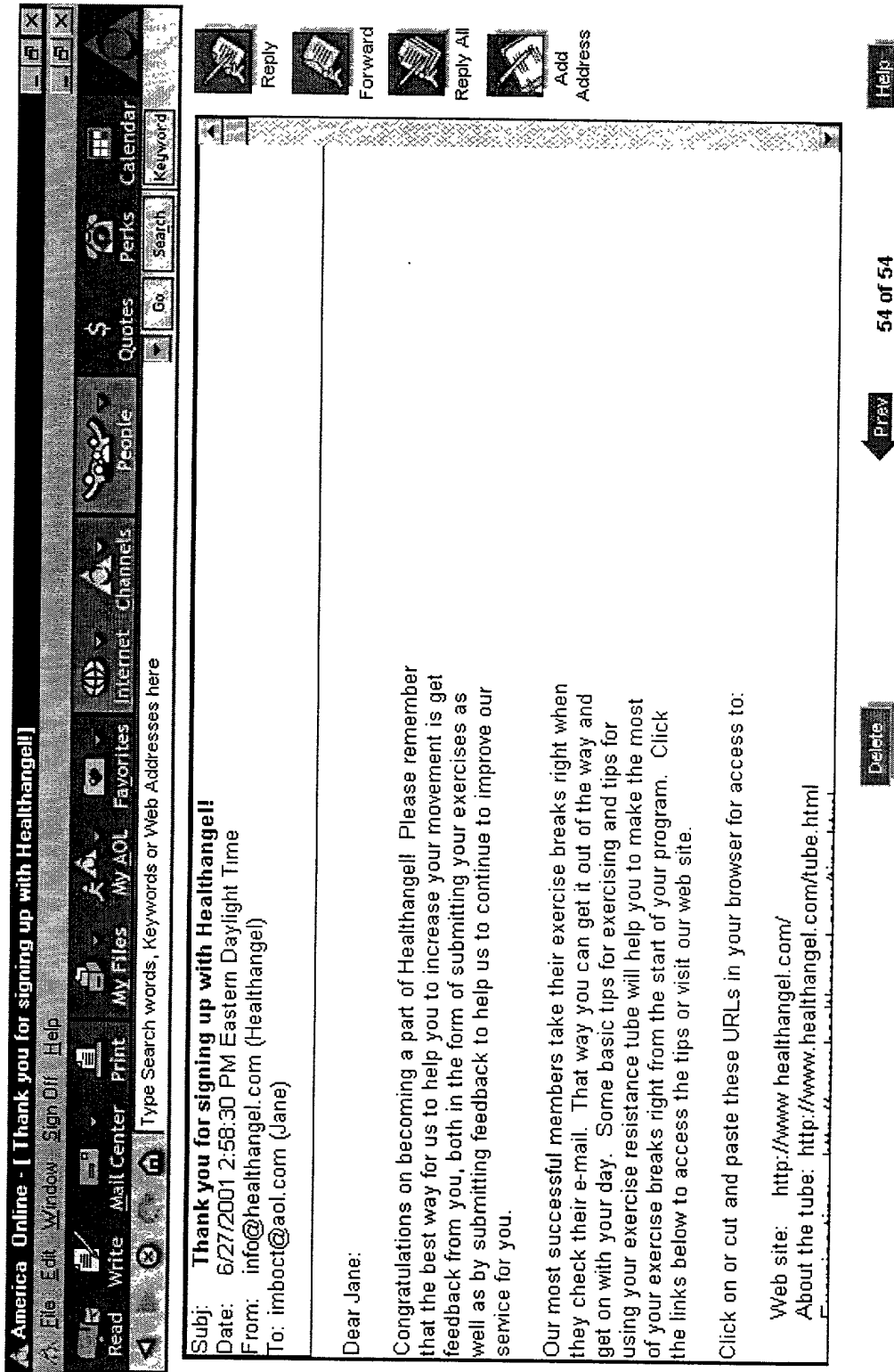


Figure 3a

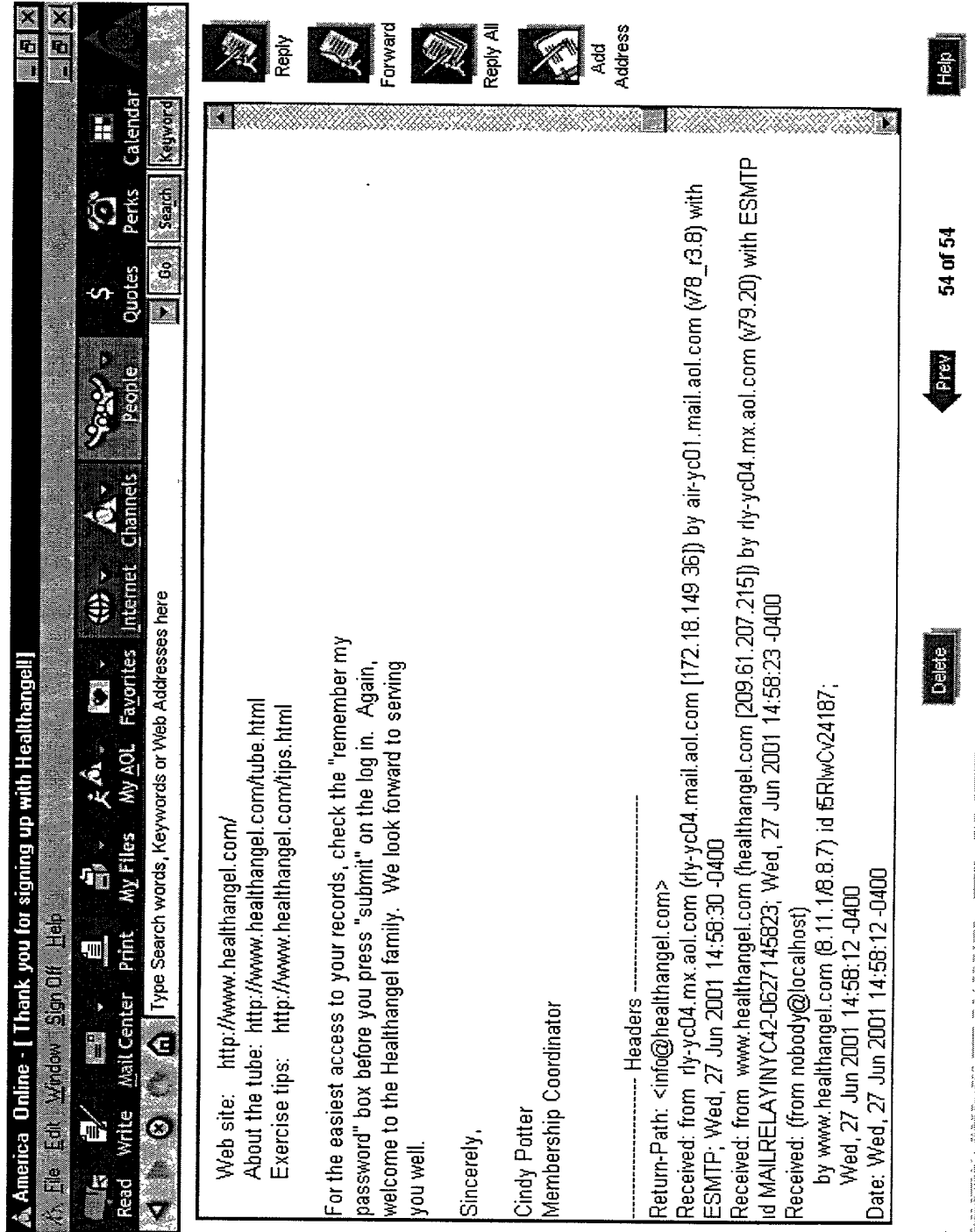


Figure 3b

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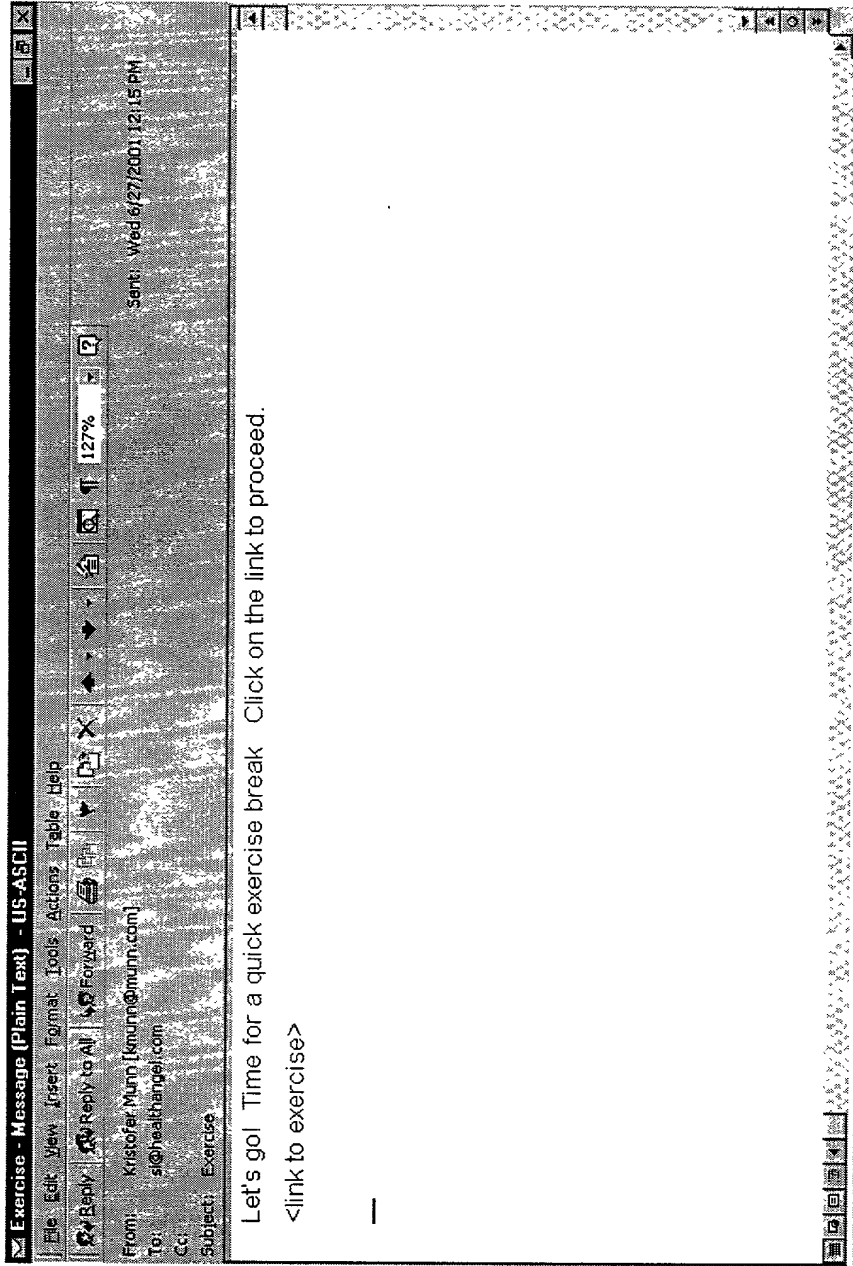


Figure 4

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Healthangel.com - A simple solution to a better body. Get personalized exercises via e-mail. an - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Search History Favorites

Address http://www.healthangel.com/member/exercise.html?ueh=14996&u=3&e=96&l=20&b=1

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Back Fly [Zone: Upper Bodypart: Upper Back]

Assignment: Do 1 set of 10 repetitions

Record Your Results

Enter the total number of repetitions (ie. 10) that you completed for each set assigned and submit

Set 1:

You may send a message to your fitness representative here:

Want another exercise right now?
☐ Yes ☒ No

Restrictions: You should not do this exercise if you have an upper back injury unless directed by a physician

Done Internet

Figure 5

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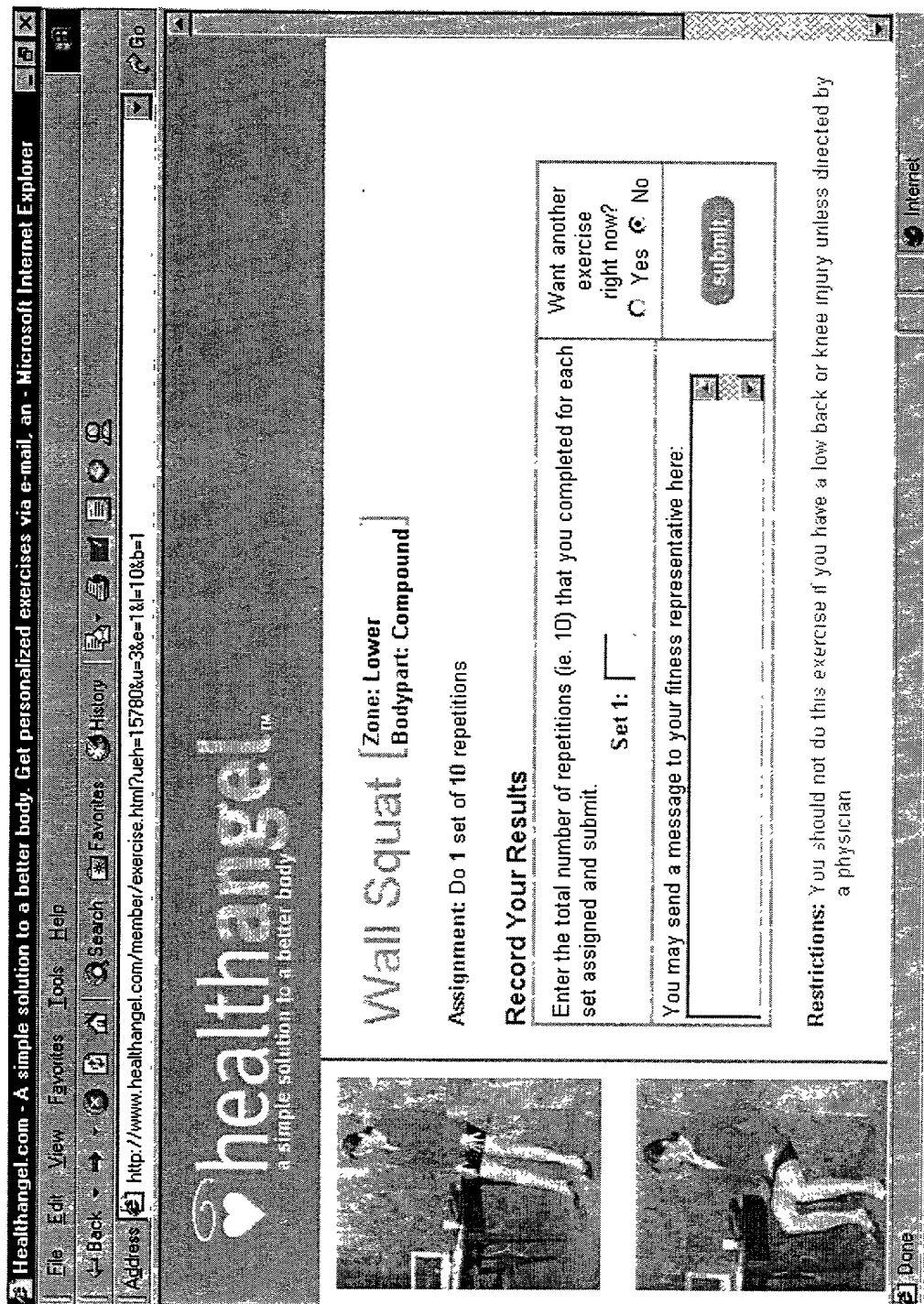


Figure 6

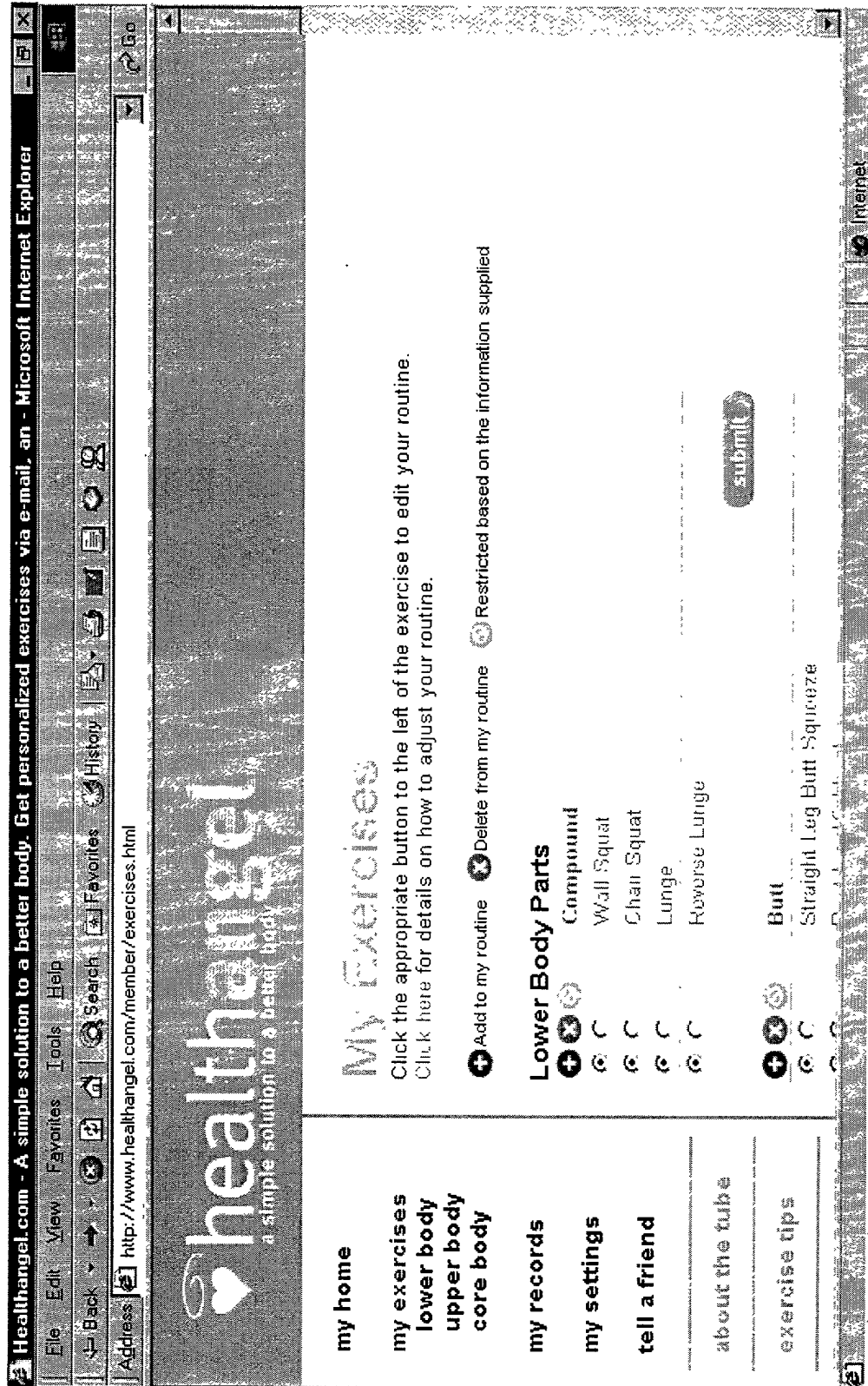


Figure 7

Healthangel.com - A simple solution to a better body. Get personalized exercises via e-mail, an - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Search History Favorites

Address http://www.healthangel.com/member/records.html

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My Records

Sort by date, zone or body part by clicking the column heading. Click the exercise name to see a description and photos of the exercise or to submit an exercise that you missed.

date	zone	body part	exercise	resistance	set 1	set 2	set 3
06/26/01	Lower	Butt	Kneeling Kickback				
06/26/01	Upper	Upper Back	Bent Over Row with Tube	YELLOW TUBE			
06/25/01	Lower	Compound	Wall Squat		10		
06/25/01	Core	Abdominals	Secret Sit-Up		15		
06/25/01	Upper	Compound	Desk Push-Up				
06/22/01	Lower	Calves	Toes Together Calf Raise				
06/22/01	Upper	Upper Back	Back Fly				
06/22/01	Lower	Quads	Seated Leg Extension				

my home

my exercises

my records

my settings

tell a friend

about the tube

exercise tips

Q & A

Internet

Figure 8

10/18

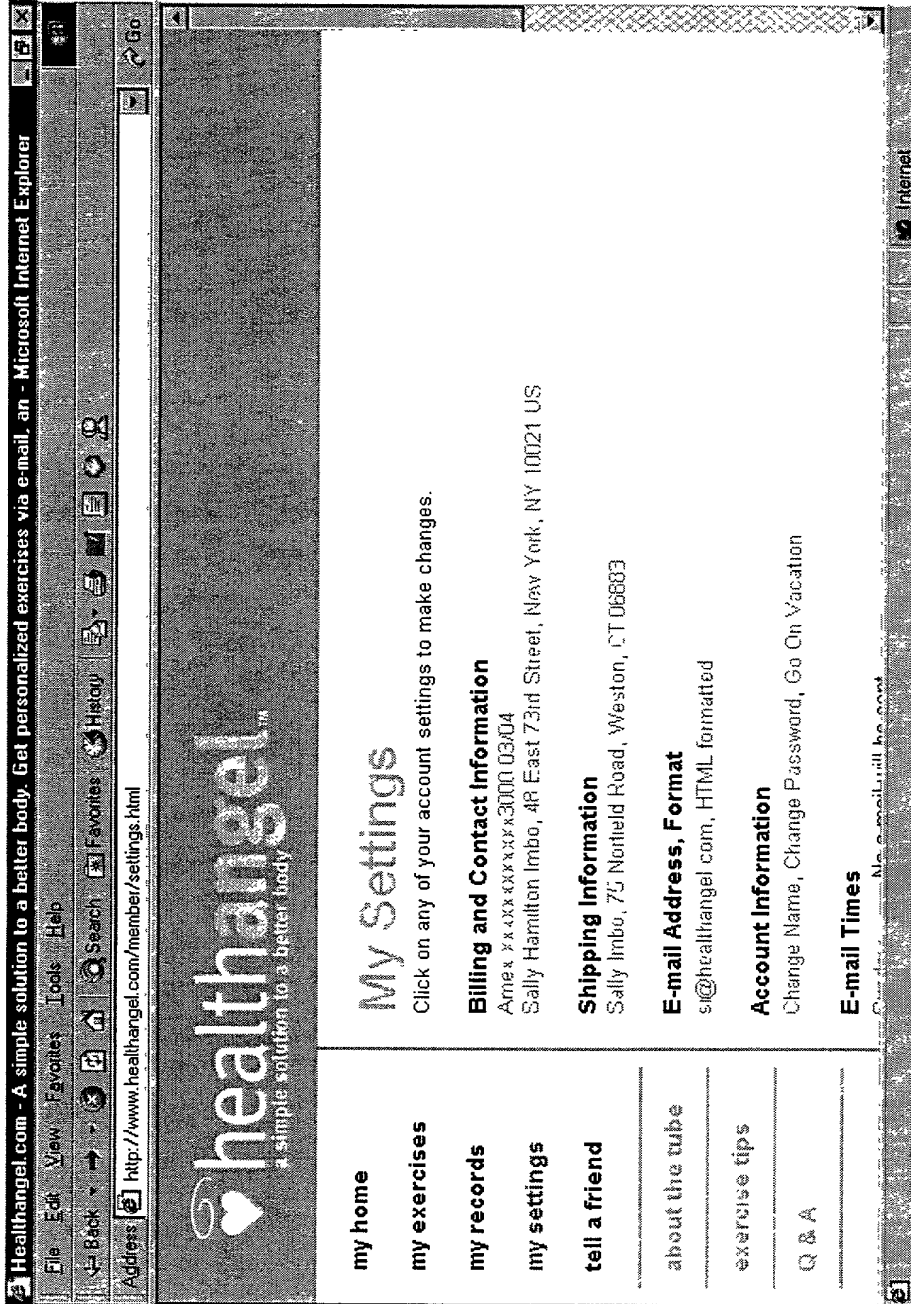


Figure 9

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Membership Signup

Name and Account Information

First Name

Last Name

Preferred Name

E-mail Address

Confirm your e-mail address

Password reminder hint

Choose a password

Please confirm your password

How did you hear about Healthangel?

Television

Send me ☒ HTML formatted e-mail, ☐ text formatted
* AOL users please be sure to select text formatted e-mail

Figure 10a

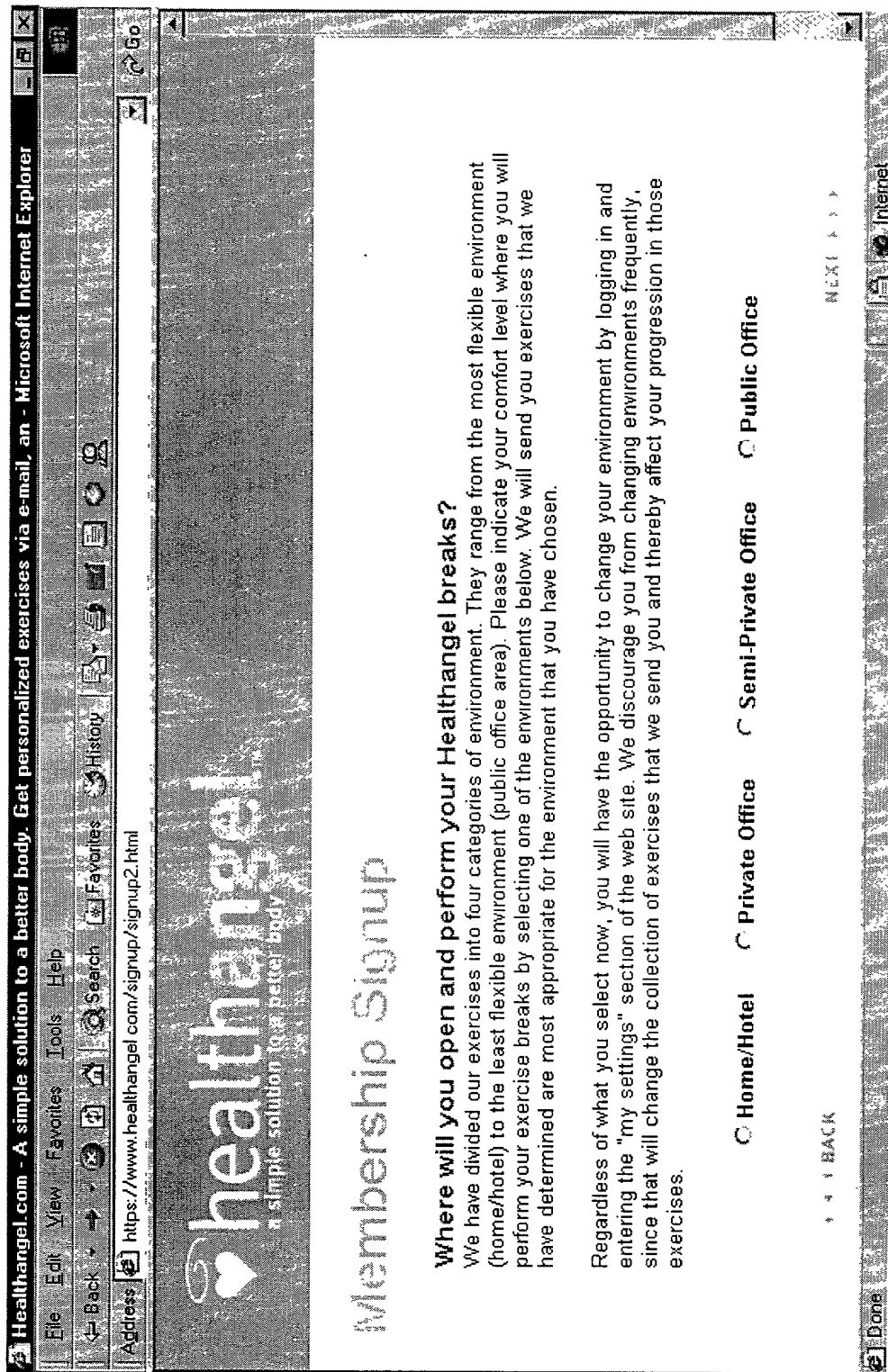


Figure 10b

Figure 10c

Would you like us to send you reminders?

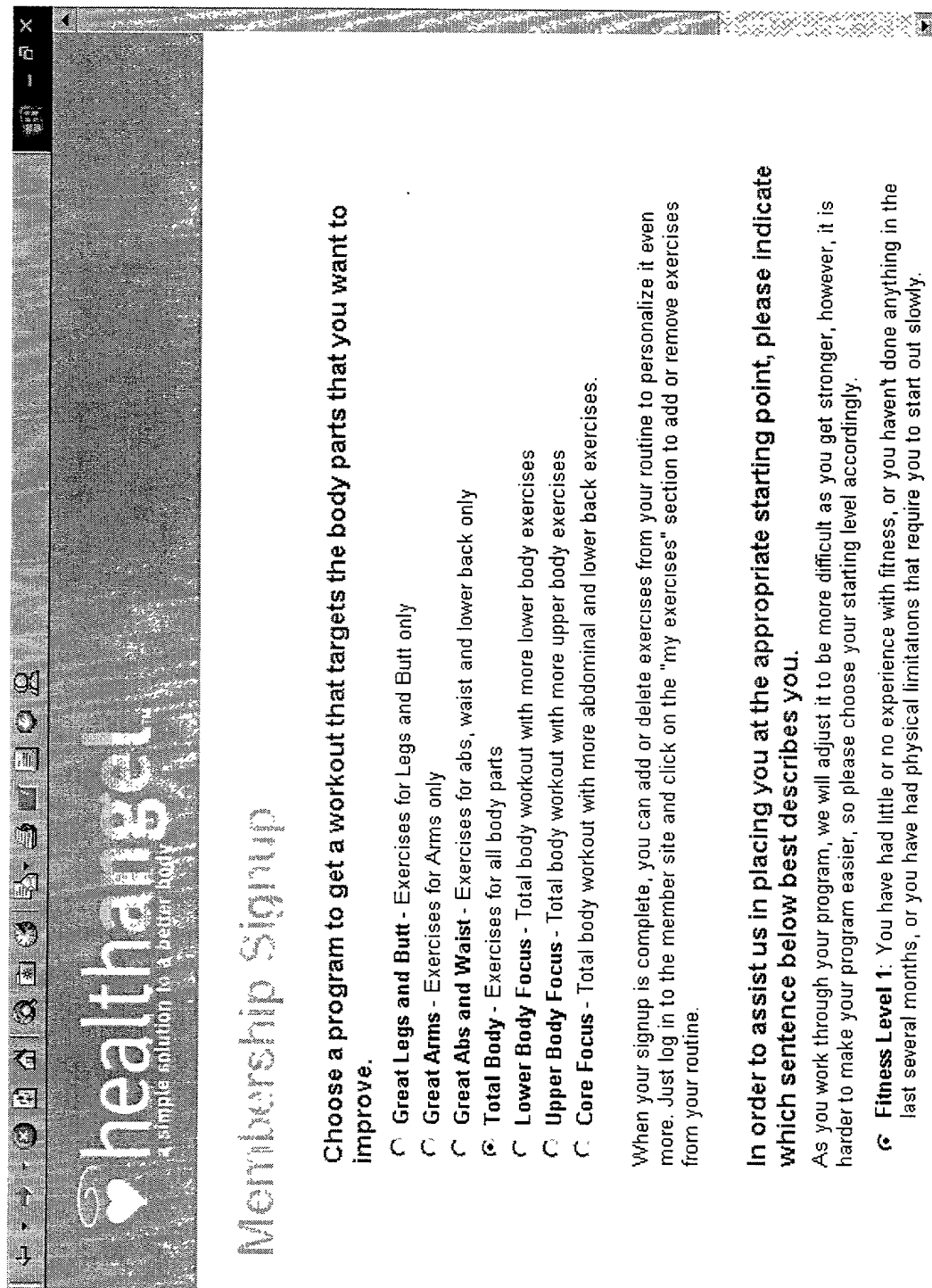


Figure 10d

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Membership Signup

Please check any area of your body with exercise restrictions or limitations.

Selecting a body part will delete certain exercises from your program that could cause further injury. Please be aware that deleting these exercises will not remove all of your risk of injury, it is still important for you to pay close attention to how your body feels while you are performing any of the exercises that we assign you and discontinue exercise if you have any pain or dizziness. When you have recovered from your injury, you can adjust this setting to have the corresponding exercises added back into your program.

- ☐ **Neck** - e.g. whiplash or strained musculature
- ☐ **Shoulder** - e.g. rotator cuff tear, dislocation, subluxation
- ☐ **Elbow** - e.g. tennis elbow
- ☐ **Wrist** - e.g. carpal tunnel
- ☐ **Hand** - e.g. tendonitis
- ☐ **Upper Back** - *Cervical or Thoracic Vertebrae*, e.g. herniated disk or pinched nerve
- ☐ **Lower Back** - *Lumbar Vertebrae or Sacrum*, e.g. herniated disk
- ☐ **Hip** - e.g. hip replacement, osteoarthritis, or tendonitis
- ☐ **Knee** - e.g. ligament or recent ACL, LCL, MCL, or PCL injury
- ☐ **Ankle** - e.g. tendonitis or ligament injury

Figure 10e


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Membership Signup

Billing Information

There is a one-time activation fee of **\$14.95** and the program is **\$9.95** per month. **\$24.90** will be billed to your credit card at this time, **\$9.95** will be billed to your credit card monthly thereafter. You may cancel at anytime. The activation fee is non-refundable and cancellation is not retroactive.




Card Type

VISA

Card Number

Expiration

mo / yr

The name and billing information provided below must be identical to the billing information on the credit card you provided above.

Name on the Card

Daytime Phone

Evening Phone

Company

Address

City

Figure 10f



The screenshot shows a web browser window with the Healthangel website. The browser's address bar shows a URL starting with 'http://'. The website has a dark header with the Healthangel logo and tagline 'a simple solution to a better body'. Below the header is a navigation menu with links: 'my home', 'my exercises', 'my records', 'my settings', 'tell a friend', 'about the tube', 'exercise tips', and 'Q & A'. The main content area displays a receipt titled 'Thank you for joining Healthangel!'. The receipt includes the following information:

Order #	Date	Amount	Card #
299	06/27/2001 02:06 PM	\$24.90	xxxxxxxxxx2795

Below the receipt table, it says 'Please print this receipt for your records.' and 'LOOK FOR YOUR FIRST HEALTANGEL BREAK. Your first Healthangel Break will arrive at the next scheduled time you indicated on your sign-up sheet. If you don't receive the assignment, or have any questions about completing your break, please e-mail us at info@healthangel.com. Technical support is also available by phone from 9-5 EST at 1-877-MY ANGEL (1-877-692-6435).'

Below this, there are two sections: 'SUBMIT YOUR EXERCISES. Because the program progresses at your pace, your input is incredibly important to its success. When you complete an e-mail assignment, indicate the number of repetitions that you completed and press the SUBMIT button. Your workout results will be logged and used to determine your future assignments.' and 'AWAIT YOUR GIFT. The information you've provided thus far has allowed us to set your starting points. Within two weeks you'll receive your exercise tube -- our gift to you -- for use with some of your assignments. The tube's color corresponds to your current fitness level. The tube itself provides added resistance to increase the efficiency of your workouts, keep it where you access your e-mail.'

Figure 10h